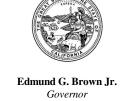


## California Regional Water Quality Control Board Los Angeles Region

320 W. 4<sup>th</sup> Street, Suite 200, Los Angeles, California 90013 (213) 576-6600 • FAX (213) 576-6640 http://www.waterboards.ca.gov/losangeles



## NPDES PERMIT TRANSFER REQUEST FORM

NPDES Permit No.			CI No	)	<del></del>
Facility Location:Street Address		City	Zip		
		•	1		
I hereby request the transfer of the above-referenced NPD liability for such permit, in accordance with the following		it, including the transfe	r of responsibility	, covera	age, and
TRANSFER FROM:		TRANSFER TO:			
Facility Name		New Facility Name			
Owner		New Owner			
Operator		New Operator			
TRANSFER EFFECTIVE DATE:					
Signature of Former Owner/Authorized Representative		Title			
Name of Former Owner/Authorized Representative		Date			
I understand that I am responsible for compliance with the		referenced NPDES pern			
<ol> <li>I have reviewed the NPDES permit;</li> <li>The facility construction and nature/amount of discharge.</li> <li>I will notify the Board of any material change in the formula owner or operator.</li> </ol>					
Signature of New Owner/Authorized Representative	Company name, if appropriate				
Name of New Owner/Authorized Representative		Telephone No.	Dat	e	
Title		Email			
Mailing Address:					
Street Address	City		State		Zip
Name of Facility Contact Person		Telephone No.	Email		
Facility Contact Mailing Address:					
Street Address Form No. R4-WRS #1		City	State	Zip	9/2/11

California Environmental Protection Agency

